



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4812 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

PINE CREEK MEDICAL CENTER
9032 HARRY HINES BLVD
DALLAS TX 75235

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

SERVICE LLOYDS INSURANCE CO

Carrier's Austin Representative Box

Box Number 01

MFDR Tracking Number

M4-11-4978-01

MFDR Date Received

AUGUST 30, 20011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "On 11/04/10 I called... and spoke with a Susan with Service Lloyds indicated that the claim had not been received and she requested for me to fax it to... I complied with her request. On 11/04/10 I called... and spoke with a Stella with Service Lloyds she indicated that the claim was had not been received and request that I re-fax it to the same fax #... I complied with her request. However, we are in receipt of our claim being received and dated 11/4/10. Then on 12/1/10 I call... and spoke with Brandon with Corvel he indicated to me the claim was sent back to Pine Creek Medical Center on 11/08/10 requesting the box 12 & 13 on the UB-04 be filed. I had advised him that we had not received any correspondent requesting our claim to be corrected..."

Amount in Dispute: \$1,683.26

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Per Rule 133.20, 'a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.' This was an incomplete bill since no information was supplied in boxes 12 & 13 as required per 28 Tex. Admin. Code §21.2803(b)(3)(j, k). Thus, the bill was returned and the provider had the option to submit a complete bill as a new bill within 95 days of the date of service... The bill should have been submitted by November 30, 2010. However, a complete bill was not received until 12/1/10, outside the 95 day timeframe."

Response Submitted by: Harris & Harris. PO Drawer 91569, Austin, TX 78709

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 27, 2010	Hospital Outpatient Services	1,683.26	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 29 – Time limit for filing claim/bill has expired.
 - B15 – Procedure/service is not paid separately
 - RM2 – Time limit for filing claim has expired.
 - RN – Not paid under OPPS services included in APC rate.
 - 193 – Original payment decision maintained.

Issues

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. The requestor submitted documentation to support that they faxed the bill to the respondent on October 6, 2010; however, the carrier submitted documentation to support that on November 8, 2010 they returned the billed as an incomplete bill. The requestor submitted the corrected billed on December 1, 2010. In accordance with 133.20(g) health care provider may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.
2. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Review of the submitted information finds no documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the services in dispute.

Conclusion

For the reasons stated above, the division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	June 5, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.